

SCHOOL DISTRICT OF CRANDON 2024-2025 STUDENT ENROLLMENT FORM

ENROLLMENT DATE: / /

TEACHER:

Student's Legal Name: _____ Sex: M F
Last First Middle
Birthdate: (mm/dd/yy) _____ Age: _____ Grade: _____ Last School Attended: _____

Race: Federal rules require that registration/enrollment forms must now use a two-part question.

1. Is this student Hispanic or Latino? (**Choose only one**) ___ No, not Hispanic or Latino ___ Yes, Hispanic or Latino

2. Is this student: (**You must select at least one.**) ___ American Indian or Alaska Native--Tribe: _____ ___ Asian
___ Black or African American ___ Native Hawaiian or Other Pacific Islander ___ White

Place of Birth: City: _____ State: _____ County: _____

Parent/Guardian Information: Student lives with: ___ Mother/Guardian ___ Father/Guardian ___ Both ___ 50/50

Father's Name: _____ Primary Phone: _____ Second Phone _____ Employer Name/Number: _____

Mailing Address: _____ Busing Address: _____ Email: _____

Fire Number: _____ Township: _____ Bus Driver: _____ No. of Miles from School: _____

Mother's Name: _____ Primary Phone: _____ Second Phone _____ Employer Name/Number: _____

Mailing Address: _____ Busing Address: _____ Email: _____

Fire Number: _____ Township: _____ Bus Driver: _____ No. of Miles from School: _____

Is this student involved in any expulsion process or behavioral proceedings in another School or District? ___ Yes ___ No **If yes, where?** _____

Siblings/Family Members in household under the age of 18:

Name: _____ Age: _____ Birthdate: _____ Name: _____ Age: _____ Birthdate: _____

Name: _____ Age: _____ Birthdate: _____ Name: _____ Age: _____ Birthdate: _____

Emergency Contacts: List name and daytime phone numbers of two people to contact if parents/guardians are not available.

Name#1 _____ Relationship _____ Phone Numbers _____

Name#2 _____ Relationship _____ Phone Numbers _____

Health factors/allergies school should be aware of _____

Is student covered by Health Insurance? ___ No ___ Yes Name of Insurance Company _____

If emergency treatment is required and parent/guardian cannot be reached immediately the school authorities will use their own judgement in calling an ambulance.

Custodial Parent/Legal Guardian signature _____ **Date** _____

OVER

Student Name:

My child will ride the bus-2024-2025: (Please check one)

In both the AM and PM Will not ride the bus In the AM only In the PM only

2024-2025 Parent/School District Communication: (Check all that apply)

Phone Text Email Mail No Preference

School Picture Day Information-2024-2025: (Please check one)

I give the staff of the School District of Crandon to share my phone number and email address with the district's chosen School Photography Company. Yes, share my Information No, don't share my information

Technology at Home-2024-2025:

Can the student access the internet on their primary learning device at home? Yes No

If the student is unable to access internet in their primary place of residence, why not?

Not Desired Not Available Not Affordable Other

What is the primary type of internet service used at the residence? Residential Broadband (DSL, Cable, Fiber)

Cellular Network Satellite Dial up School provided Hot Spot Other None

Can the student stream a video on their primary learning device without interruption?

Yes, no issues Yes, but not consistent No

What device does the student most often use to complete school work at home? Desktop Laptop

Chromebook Tablet Smartphone None Other

Who provided the primary learning device a personal device or school provided? School provided Personal Other

Is the primary learning device shared with anyone else in the household?

Shared Not shared Unknown